PRINTED: 02/17/2015 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
				A. BOILDING								
		FCL060134		B. WING		02/0	3/2015					
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE											
UNLIMITED POSSIBILITIES FAMILY CARE HOME # 4 14015 THOMPSON ROAD MINT HILL, NC 28227												
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOULD BE SS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE						
C 000	Initial Comments		C 000									
		conducted by staff with the Section on February 3,	ne									
C 145	10A NCAC 13G .0406(a)(5) Other Staff Qualifications		C 145									
	(a) Each staff person shall:(5) have no substant	6 Other Staff Qualification of a family care home interest interest on the Care Personnel Registrate-256;	ne									
	reviews, the facility fa sampled staff (Staff A	ns, interviews, and record ailed to ensure 2 of 3 and Staff C) had no s listed on the North Card el Registry (HCPR)										
	The findings are:											
		s personnel file revealed personal care aide (PCA f a HCPR check.										
		neck completed on 02/03 iated findings listed on th										
	new employeesShe did not know un		I									

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		FCL060134	B. WING		02	2/03/2015
NAME OF D	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	ZIR CODE	1 02	
NAIVIE OF F	ROVIDER OR SUFFLIER		HOMPSON ROAD	, ZIF CODE		
UNLIMITE	ED POSSIBILITIES FAMIL	Y CARE HOME # 4	LL, NC 28227			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
C 145	Continued From page 1		C 145			
	but thought it only had nursing assistants (C (MAs). -During a monitoring Home Specialist (AHS facility, the AHS inform to be completed for a corrected the issue in think" to ensure the Hor all employees in the Interview on 02/03/15 revealed she assume completed the HCPR Interviews with six resunded to concerns or comparative provided by Staff A. Refer to interview on Executive Director (E B. Review of Staff C' -Hire date of 04/17/12 (PCA). -No documentation of -A HCPR check compands substantiated finding	d to be checked for certified NAs) and medication aides visit by the county Adult S) in December at a sister med her the HCPR needed II new employees, so she that building, but "didn't ICPR check was completed his facility. The at 2:23 pm with Staff A and facility management check upon employment. Sidents revealed there were laints regarding the care				
	Assistant Executive D -She began working a PCA and later becam assistant (CNA), a me director (AD), and wa	Director (AED) revealed: at the facility in 2012 as a e a certified nursing edication aide (MA), activity				
	she became a CNAShe thought HCPR of completed on CNAs a	•				

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STATE FORM 6899 F2QR11 If continuation sheet 2 of 3

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FCL060134 B. WING 02/0	03/2015											
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE												
UNLIMITED POSSIBILITIES FAMILY CARE HOME # 4 14015 THOMPSON ROAD MINT HILL, NC 28227												
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE											
C 145 Continued From page 2 Adult Home Specialist at a sister facility. Interviews with six residents revealed there were no concerns or complaints regarding the services provided by Staff C. Refer to interview on 02/03/15 at 2:15 pm with the Executive Director (ED). Interview on 02/03/15 at 2:15 pm with the Executive Director (ED) revealed: -She thought the HCPR check was being completed for all new employeesShe was not aware the HCPR check was only being completed for CNAs and MAs.												

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